



2600 Maitland Center Pkwy.
Suite 300
Maitland, FL 32751
P.O. Drawer 200
Winter Park, FL
32790-0200
Tel: 407-740-8575
Fax: 407-740-0613
www.tminc.com

RECEIVED

SEP 04 2009

PSC SC
MAIL / DMS

September 17, 2009
Via Overnight Delivery

218951

Docketing Department
South Carolina Public Service Commission
Synergy Business Park
101 Executive Center Dr.
Saluda Building
Columbia, SC 29210

POSTED
9-4-09 de

SC PUBLIC SERVICE
COMMISSION

2009 SEP -4 AM 10:59

RECEIVED

RE: Custom Teleconnect, Inc
SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative, filed on behalf of Custom Teleconnect, Inc. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Kimberly N. Geuder
Compliance Reporting Specialist

cc: Bill Perna - Custom Teleconnect, Inc
file: Custom Teleconnect, Inc - Reporting - South Carolina

KG/mp

6022
Posted: 9-4-09 de
Dept: ORS
Date: 9-4-09
Time: 3:46 PM

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC

☒ CLEC

☐ ILEC

☐ Wireless

CERTIFICATED COMPANY INFORMATION

Custom Teleconnect, Inc.

Company Name

702-368-3324

Telephone #

Dbaf/ka

6242 West Desert Inn Road

Mailing Address

Las Vegas, NV 89146

City, State, Zip Code

6242 West Desert Inn Road

Business Location

Las Vegas, NV 89146

Clark

City, State, Zip Code

County

REGISTERED AGENT INFORMATION

Registered Agent: Corporation Service Company

Mailing Address: 1703 Laurel Street

Columbia, SC 29201

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. **General Manager** (Include Address if different than above)
 Bill Perna
 702-368-3324 / 702-368-0363 / bperna@customteleconnect.com
 Telephone Number / Facsimile Number / E-mail Address
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
 Norm Morgan
 702-368-3324 / 702-368-0363 / nmorgan@customteleconnect.com
 Telephone Number / Facsimile Number / E-mail Address
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)
 Norm Morgan
 702-368-3324 / 702-368-0363 / nmorgan@customteleconnect.com
 Telephone Number / Facsimile Number / E-mail Address
 800-672-9080
- C2. **Customer Contact** (Toll Free Number)
- D. **Engineering Operations** (Include Address if different than above)
 / /
 Telephone Number / Facsimile Number / E-mail Address

E. **Test and Repair** (Include Address if different than above)
 /
 Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)
 /
 Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. **Regulatory Officer** (Include Address if different than above)
 Bill Perna
 702-368-3324 / 702-368-0363 / bperna@customteleconnect.com
 Telephone Number / Facsimile Number / E-mail Address
 Kimberly N. Geuder

H. **Dual Party Mailings** (Name)
 P.O. Drawer 200, Winter Park, FL 32790-0200
 (Mailing Address)
 407-740-8575 / 407-740-0613 / kgeuder@tminc.com
 Telephone Number / Facsimile Number / E-mail Address
 Kimberly N. Geuder

I. **Interim LEC Fund Mailings** (Name)
 P.O. Drawer 200, Winter Park, FL 32790-0200
 (Mailing Address)
 407-740-8575 / 407-740-0613 / kgeuder@tminc.com
 Telephone Number / Facsimile Number / E-mail Address
 Kimberly N. Geuder

J. **Universal Service Fund Mailings** (Name)
 P.O. Drawer 200, Winter Park, FL 32790-0200
 (Mailing Address)
 407-740-8575 / 407-740-0613 / kgeuder@tminc.com
 Telephone Number / Facsimile Number / E-mail Address
 Kimberly N. Geuder

K. **Gross Receipts Mailings** (Name)
 P.O. Drawer 200, Winter Park, FL 32790-0200
 (Mailing Address)
 407-740-8575 / 407-740-0613 / kgeuder@tminc.com
 Telephone Number / Facsimile Number / E-mail Address

This form was completed by

TECHNOLOGIES MANAGEMENT, INC.
 AS ATTORNEY-IN-FACT
 BY MONIQUE BYRNES

Signature

Date

Title

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
 Post Office Drawer 11649
 Columbia, South Carolina 29211
 And
 Office of Regulatory Staff
Attn: Jeanne Gordon
 1401 Main Street, Suite 900
 Columbia, South Carolina 29201